## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER **P04,0495** 

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	"APPAR	ATUS FOR ANALYZING CARDIA	AC EVENTS" (AS AMENDED)					
	the	specification of which (check	only one item below):					
	is attached hereto.							
0	was filed as United States application Serial No							
	on							
	and was amended							
	on(if applicable).							
⊠	was filed as PCT international application							
	Number <u>PCT/SE2004/00000529</u>							
	On	April 2, 2004	<u> </u>					
	and was amended under PCT Article 19							
	on	April 24, 2004	(if applicable).					
		ved and understand the conte amendment referred to above	nts of the above-identified spe	cification, including				
		close information which is ma of Federal Regulations, §1.56	terial to the examination of the	nis application in				
patent or inverthan the Unite patent or inverthan the United	ntor's certificate of d States of Ame ntor's certificate of	or of any PCT international apprica listed below and have alsor any PCT international applica filed by me on the same su	states Code, §119 of any foreigolication(s) designating at leas so identified below any foreigication(s) designating at least bject matter having a filing dat	t one country other n application(s) for one country other				
PRIOR FOREI	GN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C	5. 119:				
COUNTRY (if PCT indicate "PCT")		APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119				
Sweden		0301201-0	24 April 2003	⊠ YES □ NO				
				□ YES □ NO				
				□ YES □ NO				
				□YES □NO				

ATTORNEY'S	S DOCKET	NO.
P04,0463		

## Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject mater of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

duty to di applicatio	sclose material inform n(s) and the national	nation as defined in Title 37, Cor PCT international filing date	Code of Fed of this app	leral Regulations, §1.50 lication:	6 which occurred I	between the filin	g date of the prior	
PRIOR U	.S. APPLICATIONS C	OR PCT INTERNATIONAL AF	PPLICATIO	NS DESIGNATING TH	E U.S. FOR BENE	FIT UNDER 35	U.S.C. 120:	
		U.S. APPLICATIONS				STATUS (Check one)		
	U.S. APPLICATI	ON NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED	
	PCT AI	PPLICATIONS DESIGNATING		250141 411 141250				
PCT APPLICATION NO PCT FILING DATE			U.S. SERIAL NUMBERS ASSIGNED (if any)					
				· · · · · · · · · · · · · · · · · · ·				
POWER Number	OF ATTORNEY: As 26574, who are all me	a named inventor, I hereby a embers of the Firm Schiiff Ha	appoint all A Irdin LLP.	Attorneys identified by I	United States Pate	ent & Trademark	Office Customer	
Sand San					.,			
Send Cor	rrespondence to:	SCHIFF HARD				Direct Telephone Calls to:		
Patent Department Cust 6600 Sears Tower, Chicago						Steven H. Noll (312) 258-5790		
-00	FULL NAME OF FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME		
2 0 1	INVENTOR	ÅSTRÖM CITY		MAGNUS  STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	RESIDENCE & CITIZENSHIP	Lund		Sweden		Sweden	SEY	
	POST OFFICE	POST OFFICE ADDRESS		CITY	-	STATE & ZIP COD		
	ADDRESS FULL NAME OF	Iliongränden 99 FAMILY NAME		Lund FIRST GIVEN NAME		S-224 72 Lui SECOND GIVEN N		
OU	INVENTOR	SÖRNMO	-	Leif				
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COU	NTRY	COUNTRY OF CIT	TZENSHIP	
2	POST OFFICE	POST OFFICE ADDRESS		Sweden CITY		Sweden STATE & ZIP COD	DE/COUNTRY	
	ADDRESS	Bengt Lidforss väg 15		Lund FIRST GIVEN NAME		S-224 65 Lund, Sweden		
	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
2 0 3	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY  CITY		COUNTRY OF CIT	TIZENSHIP		
	CITIZENSHIP	POST OFFICE ADDRESS			STATE & ZIP CODE/COUNTRY			
	POST OFFICE ADDRESS	FUST OFFICE ADDRESS			J.A. Ed Eli Good Grant			
I hereby	declare that all statem	nents made herein of my own se statements were made with	knowledge	I are true and that all standard that willful false st	tements made on	information and	belief are believed	
or imprise	onment, or both, unde	er section 1001 of Title 18 of the	he United St	tates Code, and that su	ich willful false sta	tements may jeo	pardize the validity	
of the application or any patent issuing thereon.  SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 203								
Word	MS JOST	No.		06 700				
DATE	پو <sup>د</sup> ک۲, ک	DATE DATE	DRC	30,2004	DATE			